



TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

Marvarene Oliver, Ed.D.
Chairman

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1100 West 49th Street
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(512) 834-6657
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Joe Ann Clack, M.B.E.
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Antonio Morales
Brenda VanAmburgh, Ph.D.
Reverend William H. Watson
Jackie Weimer, M.S.

Dear Applicant:

Please be sure to follow the appropriate directions.

- 1) **If you were enrolled in, or completed a graduate internship in marriage and family therapy, or a substantially equivalent program after 9/1/99, you are eligible to sit for the examination prior to graduation. In order to sit for the examination, you will need to complete Form A of the enclosed application and submit with the application fee to the board office. After successfully completing the examination and graduating from an accredited university, you will need to submit the remaining forms (Forms C, D, E), transcripts and reference letters to the board office. You will then be eligible for a license as a Licensed Marriage and Family Therapy Associate and will be required to complete 2 years of work experience that must include at least 3000 post-graduate hours (1500 hours of this must be direct clinical services and 750 hours to couples or families). Individuals must also complete 200 hours of supervision (100 hours of individual supervision). After completing these hours, you will be eligible to become a Licensed Marriage and Family Therapist (LMFT) and will document your completed hours on Form B.**
- 2) **If you have completed your graduate program in marriage and family therapy or a substantially equivalent program before 9/1/99, you are eligible for an Associates license. You will then be required to send the \$80.00 associates license fee and may begin a 2-year work experience program and complete 1000 hours of direct clinical services (500 hours to couples or families), and 200 hours of supervision (100 hours of individual supervision). You are then eligible to sit for the next available examination. After successfully completing the Marriage & Family Therapy examination, you will be eligible to become a Licensed Marriage and Family Therapist.**
- 3) **If you are licensed in another state as a marriage and family therapist and are applying for licensure in Texas - follow the directions to obtain a Provisional License.**

If you have any questions, please refer to the enclosed board rules or contact this office.

Thank you,

The Texas State Board of Examiners of Marriage and Family Therapists



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ASSOCIATE LICENSE INSTRUCTION SHEET

IF YOU ARE SUBMITTING AN APPLICATION FOR A LICENSED MARRIAGE AND FAMILY THERAPIST ASSOCIATE, YOU WILL NEED TO COMPLETE THE FOLLOWING:

1. Complete the Application Form (Form A) and submit all required material with a \$40.00 application fee (cashier's check, money order, personal check or company check) to the board.
 2. Submit the following documentation with the application:
 - a. An official graduate transcript, from a regionally accredited university or institute of higher education approved by the board, that documents the conferment date of graduation and the major area of study. If the graduate degree is not in marriage and family therapy, the transcript must indicate satisfactory completion of course work as follows:
 - 1) one course in theoretical foundations of marriage and family therapy;
 - 2) four courses in assessment and treatment in marriage and family therapy;
 - 3) two courses in human development, gender, multi-cultural issues and family studies;
 - 4) one course in psychopathology;
 - 5) one course in marriage and family therapy ethics and professional ethics;
 - 6) one course in marriage and family therapy research; and
 - 7) twelve months/nine semester hours of supervised clinical practicum in marriage and family therapy.
 - b. Submit Supervisory Agreement Form (Form E) and a contract (any format) between you and your supervisor.
- *NOTE: Your supervisor must be approved by the board or by AAMFT. They will need to submit a supervisor application (included with this packet), if they have not already done so.***
- c. Reference Form (Form C): To be completed by the applicant. In addition, the applicant must have reference letters that may be submitted directly to the board office by three persons meeting the requirements set out in §801.73(d)(2) of the board rules.
3. You may submit loan deferment forms with this application. However, they will not be completed until your associate license is issued.

****NOTE: An application for an associate license will not be considered complete until all above materials have been received in the board office.***



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INSTRUCTIONS TO OBTAIN A PROVISIONAL LICENSE

If you are submitting an application for Provisional Licensure by Endorsement (from out of state), please complete the following:

1. Complete the application form (Form A). Submit the application and a \$40.00 application fee (cashier's check, money order, personal check or company check) to the board.
2. Submit the following documentation with the application:
 - a. Documentation of a current license as a marriage and family therapists from another state with documentation of good standing with the board in that state.
 - b. Documentation of successful completion and passing score on a marriage and family therapy examination recognized by the Texas State Board of Examiners of Marriage and Family Therapists.
 - c. A copy of the state law and board rules under which you are currently licensed or certified.
 - d. An official graduate transcript, from an accredited university or institute of higher education approved by the board, that documents the conferment date of graduation and the major area of study. If the graduate degree is not in marriage and family therapy, the transcript must indicate satisfactory completion of course work as follows:
 - 1) one course in theoretical foundations of marriage and family therapy;
 - 2) four courses in assessment and treatment in marriage and family therapy;
 - 3) two courses in human development, gender, multi cultural issues and family studies;
 - 4) one course in psychopathology;
 - 5) one course in marriage and family therapy ethics and professional studies;
 - 6) one course in marriage and family therapy research; and
 - 7) twelve months/nine semester hours of supervised clinical practicum in marriage and family therapy.
 - e. Documentation of sponsorship by a Licensed Marriage and Family Therapist licensed to practice in Texas.
 - f. Reference Form (Form C) and reference letters are also required to be submitted.

Budget # ZZ043
Fund # 103

**TEXAS STATE BOARD OF EXAMINERS
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1100 West 49th Street, Austin, Texas 78756-3183
(512) 834-6657 FAX# (512) 834-6677**

PLEASE SUBMIT \$40.00 APPLICATION FEE- CASHIER'S CHECK OR MONEY ORDER, BUSINESS OR PERSONAL CHECK - DO NOT SEND CASH.

General Applicant Information

- 1) APPLICATION FOR: _____ Licensed Marriage and Family Therapist Associate
_____ Provisional License by Endorsement (Applying with out-of state license)
_____ Licensed Marriage and Family Therapist
_____ Examination
- 2) _____ Dr. _____ Mr. _____ Ms. _____
(Last Name) (First Name) (Middle Name)
- 3) Last name(s) on transcript(s) if different from #2: _____
- 4) Mailing address (will be published on the Internet if licensed): _____
- 5) Daytime telephone number: _____
- 6) Date of birth: _____
- 7) Social Security #: _____

Other Licensing Information

List all current clinical memberships from professional organizations having appropriate certification numbers, certification standards and issuing state or country. (ATTACH A COPY OF THE LICENSES OR CERTIFICATES):

- 9) Have you ever been denied a license or certificate? _____ YES _____ NO
If yes, state reason(s): _____
- 10) Have you ever had your license or certificate revoked, canceled or suspended? _____ YES _____ NO
If yes, state reason(s): _____
- 11) Have disciplinary proceedings been initiated against you? _____ YES _____ NO
If yes, state reason(s): _____
- 12) If answer to #11 is yes, please provide the date and location of the proceedings: _____

- 13) Have you ever been convicted of a felony or misdemeanor? _____YES _____NO
(A criminal history check will be done by the board office)
- 14) If answer to #13 is yes, ATTACH A COPY OF THE COURT ORDER and provide the following information:
- Date of Conviction: _____
- Where convicted: _____
- Charge(s): _____

Employment Information

- 15) PRIMARY EMPLOYMENT SETTING:
- Name of agency or practice: _____
- Telephone number (include area code): _____
- Type of Practice: _____ Private _____ School _____ Government Agency
_____ Community Agency _____ University _____ Hospital _____ Other (please specify)
- 16) SECONDARY EMPLOYMENT SETTING:
- Name of agency or practice: _____
- Telephone number (include area code): _____
- Type of Practice: _____ Private _____ School _____ Government Agency
_____ Community Agency _____ University _____ Hospital _____ Other (please specify)

Education

- 17) ACADEMIC TRAINING: List all colleges or universities where required graduate training was received. Please have the university/universities submit official graduate transcript(s). *ATTACH ADDITIONAL SHEETS IF NECESSARY.*
- Name of School: _____
- Location: _____
- Inclusive dates attended: From (month/year): _____ To (month/year) _____
- Degree granted: _____ Date conferred: _____
- Major: _____

PLEASE READ CAREFULLY

In making this application to the Texas State Board of Examiners of Marriage and Family Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Marriage and Family Therapists and to take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the Texas State Board of Marriage and Family Therapists.

I understand that the fee submitted with this application is not refundable. I am sure of the schedule of fees (§801.20) and understand that, if licensure is obtained, additional fees must be paid to keep the license current.

I agree to hold the Texas State Board of Examiners of Marriage and Family Therapists, its members, officers, agents, employees, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card(s) and certificates to the board.

I have read the Marriage and Family Therapist Act and am familiar with the requirements of the Act and with the rules of the board. The information which I have provided in this application is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

The disclosure of a social security number by an applicant is mandatory under the rules of the board. Social security numbers that are listed will be used for identification purposes.

_____ Date	_____ Signature
THE STATE OF)	
COUNTY OF)	

BEFORE ME, the undersigned authority, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, Year _____

Notary Public in and for _____ County, Texas or _____

(PLEASE PLACE NOTARY SEAL OVER EDGE OF PHOTOGRAPH)

AFFIX RECENT (TAKEN WITHIN LAST TWO YEARS),
FULL-FACED, WALLET-SIZE PHOTOGRAPH OF
APPLICANT HERE.

Signature of Notary

Name of Notary

Date Commission Expires

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS
1100 West 49th Street Austin, Texas 78756-3183
(512) 834-6657 FAX# (512) 834-6677**

SUPERVISOR APPLICATION

Please see the reverse side of this form for Supervisor Requirements.

- 1) NAME: _____
(First) (Middle) (Last)
- 2) ADDRESS: _____

(Street) (City) (State) (Zip)
- 3) PHONE #: (_____) _____
- 4) INFORMATION REGARDING CURRENT MENTAL HEALTH RELATED LICENSE
TYPE: _____ NUMBER: _____
ISSUE DATE: _____ EXPIRATION DATE: _____
- 5) EDUCATION:
- a) Do you have an official graduate transcript on file in the board office which meets the requirements set out in §801.143(a)(2) on the reverse side of this form? _____NO _____YES
- b) Have you completed a one semester graduate course from a regionally accredited institution in marriage and family therapy supervision? _____NO _____YES **(If yes, please provide documentation)**
- c) If answer to (b) above is no, have you completed an equivalent course of study, which meets the criteria set out in §801.143(B) on the reverse side of this form?
_____NO _____YES **(If yes, please provide documentation)**
- 6) POST-GRADUATE EXPERIENCE
- a) How may hours of direct client contact in the practice of marriage and family therapy have you provided?
Number of hours: _____
FROM: _____ TO: _____
- b) How many hours of supervision of marriage and family therapy services have you provided?
Number of hours: _____
FROM: _____ TO: _____

§801.143. SUPERVISOR REQUIREMENTS

(a) Supervisors are recognized by the board when subsection (a) or (b) of this section is met by submitting an application which includes the following 4 documents:

(1) a license (which is not a provisional or an associate license) issued by the board, a license as a marriage and family therapist in another state or territory, or submits documents to support eligibility for licensure by the board;

(2) a graduate degree in marriage and family therapy or a graduate degree in a related mental health field, such as counseling and guidance, psychology, psychiatry, and clinical social work, from a regionally accredited institution as defined in §801.2 of this title (relating to Definitions).

(3) one of the following:

(A) a one-semester graduate course in marriage and family therapy supervision from a regionally accredited institution; or

(B) an equivalent course of study consisting of a 30-hour didactic component and a 15-hour interactive component in the study of marriage and family therapy supervision approved by the board. The interactive component must include a minimum of four persons; and

(4) at least 3000 hours of direct client contact in the practice of marriage and family therapy over a minimum of three years.

(b) In lieu of meeting the qualifications set forth in subsection (a) of this section, a person is an acceptable supervisor if the person has been designated as an approved supervisor or supervisor-in-training by the American Association of Marriage and Family Therapists (AAMFT) before the person provides any supervision.

STATEMENT

All information provided on the reverse side of this form is truthful.

Signature Date

BEFORE ME, the undersigned authority, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this the _____ day of _____, Year _____

Notary Public in and for _____ County, Texas or _____

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SUPERVISED EXPERIENCE DOCUMENTATION FORM

The information provided on this form must be supplied by and attested to by the applicant's supervisor. Please type all information. This form must be notarized.

Applicant's Name: _____
(Last) (First) (Middle)

Supervisor's Name: _____
(Last) (First) (Middle)

Supervisor's Address: _____
(Address) (City) (State) (Zip)

Supervisor's Telephone Number: _____

Supervision Site(s): _____

LMFT Number and issuing date: _____

The major emphasis in supervision of marriage and family therapy is on the supervisee's work with marriage and family processes whether singly, conjointly or in a family group. Supervision must follow guidelines outlined in LMFT Rules. A total of 200 hours (100 hours must be supervised on an individual basis) of supervised clinical experience and 1,000 hours (at least 500 hours must be to couples and families) of direct clinical services to individuals, couples or families are required. **If enrolled in a graduate internship after 9/1/99, documentation of 3000 hours of clinical services to individuals, couples or families, of which at least 1500 hours must be direct clinical services, 750 hours to couples or families, and the remaining may come from related experiences that may include but not be limited to workshops, public relations, writing case notes, consulting with referral sources is required. The individual must also complete 200 hours of supervision (100 hours must be individual supervision).**

The above applicant has successfully completed supervised clinical training during the period of:

_____ Year _____ to _____ Year _____ which included the following:

- 1) _____ hours of direct clinical contact with individuals in marriage and family therapy provided by the applicant during the supervision period.
- 2) _____ hours of direct clinical contact with couples or families in marriage and family therapy provided by the applicant during the supervision period.
- 3) _____ hours of related experiences (ex. Workshops, writing case notes, consulting with referral sources)
- 4) _____ hours of individual supervision before graduation.
- 5) _____ hours of individual supervision after graduation.
- 6) _____ hours of group supervision before graduation.
- 7) _____ hours of group supervision after graduation.

All information provided on the reverse side of this form is truthful.

Supervisor's Signature

Date

BEFORE ME, the undersigned authority, on this day personally appeared_____,
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn
on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed an that the
foregoing statements are true and correct.

GIVEN under my hand and seal of office, this the _____ day of _____, Year _____

Notary Public in and for _____ County, Texas or _____

(SEAL)

Witnessed By: _____
(Name of Notary)

(Signature)

(Date)

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(512) 834-6657 (512) 834-6677
Complaints Only 1-800-942-5540**

SUPERVISORY AGREEMENT FORM

Complete both Sides

To be completed by individuals who have fulfilled all academic requirements as set out in §801.113 of the Board Rules and who are applying for an Associate license.

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR

APPLICANT INFORMATION

1. Name: _____
2. Social Security Number: _____
3. Preferred Mailing Address: _____
(Street)

(City) (State) (Zip) (Telephone)

SUPERVISORY INFORMATION

4. Name: _____
5. Type & Title of License Held: _____ License No. _____ Expiration Date: _____
Date Original License was Issued: _____ State in which license was issued: _____
6. Preferred Mailing Address: _____
(Street)

(City) (State) (Zip) (Telephone)

INFORMATION RELATING TO SUPERVISED EXPERIENCE

7. Name and address of organization or agency where experience will be gained (complete separate form for each setting): _____

8. Average number of hours expected to be gained per week: _____
9. Type of employment setting: _____ Private Practice _____ Hospital _____ School _____ Governmental Agency
_____ Non-Profit Organization _____ Other (specify) _____

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board rules relating to supervised experience and that all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience.
- That I will meet with my supervisor for at least one hour during each week of documented experience.
- That I will abide by all rules of the board including ethics requirements.
- That I understand the associate license does not give me the authority to engage in the independent practice of marriage and family therapy.
- That I understand the professional responsibility for the service of the supervisee shall be a joint responsibility of the supervisor and supervisee.
- That I will notify the board if the supervisory arrangement is terminated.

Printed Name of Notary

Signature of Applicant

Signature of Notary

Date

(SEAL)

- I, as supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:
- That all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience and all subsequent board rules.
- That I will meet with the supervisee for at least one hour during each week of documented experience.
- That I understand the professional responsibility for the services of the supervisee shall be a joint responsibility of the supervisor and the supervisee.
- That I understand the supervisee cannot engage in the independent practice of marriage and family therapy until he or she obtains a regular license as a licensed marriage and family therapist.
- That I understand the supervisory arrangement must be reflected on all billing documents.
- That I will notify the board if the supervisory arrangement is terminated.

Printed Name of Notary

Signature of Supervisor

Signature of Notary

Date

(SEAL)

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REFERENCES

References must meet the following guidelines as set out in §801.73(d) of the board rules, relating to references: (a) One graduate instructor in a university, college, or professional setting; (b) One Licensed Marriage and Family Therapist; and (c) One licensed or certified professional in a related mental field, which may include an additional Licensed Marriage and Family Therapist.

1) Name: _____

Profession: _____

Address: _____

2) Name: _____

Profession: _____

Address: _____

3) Name: _____

Profession: _____

Address: _____

Note: Reference letters may be sent with the application packet or may be mailed to the above listed address.